Guidance document for processing PM-JAY packages

Bladder injury repair

Procedures covered: 2 **Specialty: Urology, Pediatric surgery**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Bladder injury repair (with or without urethral injury)	Bladder injury repair (with or without urethral injury)	S700070	SU049A	23,000	3
Bladder injury repair with colostomy (with or without urethral injury)	Bladder injury repair with colostomy (with or without urethral injury)	S700072	SU050A	27,500	4

Minimum qualification of the treating doctor:
Essential: MCh/DNB or equivalent in (Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care facilities

Disclaimer:

For monitoring and administering the claim management process of **Bladder injury repair** for NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Proceed with Bladder injury repair only if diagnosis made is backed by clinical manifestation:

- Lower abdominal pain
- Hematuria (Blood in urine)

- Difficulty in urination
- Bruising at the site of injury

Indications: Hematuria invariably accompanies bladder injury**.** Patients often present with the triad of gross hematuria, suprapubic pain or tenderness, and difficulty urinating or inability to void.

- Gross hematuria does not always occur, however; in approximately 10% of cases, the hematuria is microscopic.
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Patients with Trauma and bladder injury:

- In trauma situations, blood at the urethral meatus is an absolute indication for retrograde urethrography.
- Incase patients with posterior urethral injury associated bladder injury it is critical that no attempt at blind passage of a urethral catheter is made.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Bladder injury repair	Bladder injury repair with colostomy
i. At the time of Pre-authorization		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes	Yes
b. USG / CT scan / MRI report	Yes	Yes
c. MLC/ FIR report (if traumatic)	Yes	Yes
d. Cystogram report confirming the bladder injury	Yes	Yes
ii. At the time of claim submission		
a. Detailed indoor case papers	Yes	Yes
b. Intraoperative clinical photograph	Yes	Yes
c. Post procedure photograph with an evidence of colostomy created	NA	Yes
d. Detailed Discharge Summary	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 **Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical

condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 **Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

Mandatory documents	**Bladder injury repair**	**Bladder injury repair with colostomy**
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):		
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes	Yes
b. Was the MLC/ FIR report (if traumatic) submitted?	Yes	Yes
c. Was the USG / CT scan / MRI abdomen report submitted?	Yes	Yes
d. Was the cystogram report confirming the bladder injury submitted?	Yes	Yes
At the time of claim processing- For claims processing doctor (CPD):		
a. Are the detailed Indoor case papers submitted?	Yes	Yes
b. Were the detailed Operative notes / procedure notes submitted?	Yes	Yes
c. Were Intraoperative clinical photograph submitted?	Yes	Yes
d. Was Post procedure photograph with an evidence of colostomy created submitted?	NA	Yes
e. Was the Detailed Discharge Summary with all the details submitted?	Yes	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 **Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 **Below mentioned are the scenarios where a provision would be built in TMS for pop-ups**:

Bladder injury repair (with or without urethral injury)

1. Was the USG / CT scan report suggestive of bladder injury? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

Reference:

1. http://wesleyobgyn.com/pdf/links/abog/GYN/2019.05_GYN_2_Bowel_and_Bladder_Injury_Repair_and_Follow_up.12.pdf
2. https://uroweb.org/wp-content/uploads/EAU-Guidelines-Urological-Trauma-2016-1.pdf
3. https://emedicine.medscape.com/article/441124-clinical